

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13		4				
14						
15						
16	1					
17		1				
18		1				
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36						
37						
38		1				
39		1				
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42						
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46						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

SERIAL NO.	FILING DATE	
APPLICANT(S)		
CLAIMS		
	IND	DEP
51		
52		
53		
54		
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56		
57		
58		
59		
60	1	
61	1	
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64	1	
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66		1
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100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		